

PLACE OF BIRTH

1. County of LilaDistrict of MamiTown of Mami

or

City of No. 65 My Cr. (If birth occurred in a hospital or institution, give its NAME instead of street and number)State Index No. 184County Registrar No. 539Local Registrar No. 5392. Full name of child Liana Campo3. Sex of Child GirlTo be answered ONLY
in event of plural
births.4. Twin, triplet or other No16. Legitimate? Yes7. Date of birth Dec 28-1928
Month day year5. No., in order of birth 1

8. FATHER

Full name Jose Campo9. Residence
(Usual place of abode) Mami

If nonresident, give place and state

10. Color or race Mex11. Age at last birthday 22 (Years)12. Birthplace (city or place)
(State or country) Salisco Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Aurelia Gonzalez15. Residence
(Usual place of abode) Mami

If nonresident, give place and state

16. Color or race Mex17. Age at last birthday 21 (Years)18. Birthplace (city or place)
(State or country) Salisco Mex

19. Occupation

Nature of industry house wife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1
(b) Born alive but now dead
(c) Stillborn21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.Given name added from
a supplemental report

Month, day, year.

Registrar.

Signature L. M. CastillaAddress North St 500 E. J. J. J.Filed Jan 1 1929Filed Jan 1 1929

(Physician or midwife)

Local Registrar.

County Registrar.

136-1228-172